



**APPLICATION FOR LOCAL PREFERENCE**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ on behalf of the applicant, and authorized to sign on their behalf, hereby swear or affirm under penalty of perjury that the entity submitting this application is eligible to receive the local preference and that the applicant has had a permanent business location within the City of Stow for at least two (2) successive years immediately prior to making this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

(SEAL)

\_\_\_\_\_  
Notary Public in and for the

COUNTY OF \_\_\_\_\_

STATE OF \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_

Applicant approved to be placed on the "Stow Vendors List" so as to be eligible to receive a local preference by the City of Stow Board of Control.

Board of Control: \_\_\_\_\_ Date: \_\_\_\_\_